Teen and Young Adult Health

We envision a Maine where all adolescents have a safe environment that promotes healthy choices leading to a successful transition to adult self-sufficiency.

We work toward assuring that all Maine adolescents have access to support systems, services, information and skills that promote healthy life choices.

Contact : Nancy Birkhimer
Bureau of Health
Maine Department of Human Services
Telephone: (207) 287-5361
nancy.birkhimer@state.me.us

Healthy Maine 2000 Goal

Improve the Health of Teens and Young Adults

Overview

The teen population is a population at risk. Regardless of other events in the life of a teenager, the growth, development, stress, and experimentation that constitutes normal adolescence puts teens at risk for various health and emotional problems. Adolescents involved in one type of risky behavior are more likely to be involved in other risky behaviors.[1] In addition, the perception that turmoil and conflict in adolescent years is "normal" may prevent some teens from getting the support and services they need.[2] Adolescents at the lowest risk are those who have strong connections to family and school, including supportive adults, and who feel valued and respected.[3]

Adolescents are often perceived as generally physically healthy. This perception, combined with increased independence in their daily schedules, and a transition from childhood medical care can result in infrequent preventive health care for this age group and even less acute care. Transportation, costs of services, and the need for confidentiality are additional barriers for teens seeking health care. Health services that are specifically designed to serve the needs of this population are unfortunately rare, especially in rural areas. Although there are some pediatricians, family and general medicine physicians, nurse practitioners, and physician's assistants throughout the state who have an interest in the adolescent population, only eight Maine physicians are licensed as adolescent medicine specialists.[4] In fact, adolescents nationwide continue to be the most medically under-served age group.[5]

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Societal changes during the second half of the twentieth century have contributed to the health problems experienced by teens. Extended families have virtually disappeared. Single parent households and dual working families are common, leaving increasing numbers of adolescents without supervision after school and during vacation. While both the national trend and the trend in Maine showed a slight decrease in children living below the poverty line from 1985 to 1996, 14 percent of Maine's children are still at or below the federal poverty line (1996).[6]

Risky behaviors of Maine's adolescents are found to be similar to those of the nation's youth. However, adolescents in Maine continue to consume tobacco products more than the U.S. average. See the Tobacco Chapter for further details.

Maine high school youth initiate sexual intercourse at a rate slightly higher than the national average, and this rate increased slightly in 1995 to 51.6%.[7] Maine continues to have decreases in adolescent pregnancy rates, birth rates and abortion rates, achieving some of the lowest rates in the country by the end of the decade.[8] Weapon carrying

has increased slightly for Maine youth, while those reporting involvement in physical fights remains the same since 1995.[7] Suicide remains the second leading cause of death for youth ages 15-24 and the third leading cause of death for 10-14 year olds.[8]

New and Emerging Trends

Safe Sexual Behaviors

Over the last decade, national trends showing increased rates of HIV infection in adolescents have heightened concerns about safe sexual behaviors in this age group. As a result, education about sexually transmitted diseases, HIV in particular, increased significantly. At the same time, a national debate over methods of teaching pregnancy and sexually transmitted disease (STD) prevention has emerged in the 1990's. This debate has resulted in increased national funding for programs restricted to abstinence-only education. These programs are designed with the belief that abstinence is the only completely effective method of disease and pregnancy prevention and that teaching about condoms sends the message to teens that having sex is acceptable. However, research during this same period shows that the most effective public health approach is to provide comprehensive information about all methods of preventing pregnancy and STDs, including abstinence.

Maine saw the sharpest decline in the nation in teen pregnancy rates during the first half of the 1990s. A combination of increasing numbers of schools teaching abstinence-based comprehensive family life education as well as improved access to preventive reproductive health care through Maine's system of 32 family planning clinics are believed to be major factors responsible for this decline.

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Access to Health Care

In response to the barriers teens face in receiving health care, there has been a national emergence of school-based health services in middle schools and in high schools. This model of health services provides health care to students where they are: at school. Physicians and mid-level practitioners providing school-based services diagnose and treat simple acute illness and injuries, provide individual health guidance and education, and make referrals with follow-up when additional care is needed. Some school-based health centers (SBHC) provide mental health services as well. These practitioners are familiar with the concerns and needs of adolescents and increase

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adolescent use of health care, reducing the occurrence of more expensive complications that result when conditions are left untreated. Since 1987, Maine has gone from having no school-based health centers to 17 in 1999.

New Approaches to Adolescent Health

In the last twenty years, public health professionals addressing adolescent health have used research to develop new strategies to address unhealthy behaviors of adolescents. During this period, there has been a transition from the simple provision of education and information about the dangers involved in certain behaviors such as smoking, drinking alcohol and sexual activity, to identifying risk factors that make an adolescent more likely to participate in these behaviors and developing programs to address these risk factors.

The latest research shows that identifying and strengthening positive assets of youth can help them make good choices. The same positive approaches can reduce the likelihood of engaging a variety of risky behaviors.

Maine School-Based Health Centers

Boothbay Regional High School
Deering High School
Edward Little High School
Erskine Academy
Foxcroft Academy
Harmony Elementary School
Leavitt High School
Lewiston High School
Lewiston Middle School
Lincoln Academy
Lubec Consolidated School
Maranacook Community School
Noble High School
Oxford Hills Comprehensive High School
Portland High School
Reiche Community School
SeDoMoCha Middle School

Since 1987, Maine has gone from having no school-based health centers to 17 in 1999.

Understanding adolescent development and youth assets, valuing input from adolescents on their health needs, coordinating efforts and identifying gaps in services and supports for our young people need to be integral to our adolescent health programs.[1]

Focus Areas

Teen injuries, especially motor vehicle-related injuries and youth suicide, adolescent pregnancy, prevention and treatment of STDs, youth smoking, and teen access to healthcare will continue to need statewide responses. Comprehensive health education that addresses these areas of concern as well as physical activity and nutrition need to be provided to all adolescents. The data presented in this chapter focuses on teen pregnancy and access to health care. Access to health care for teens is discussed under new and emerging trends. Additional information on other focus areas can be found in related chapters.

Adolescent Pregnancy and Repeat Pregnancy

The negative consequences of teen pregnancy and parenting are well established. Younger teens have often not fully developed physically themselves, and therefore pregnancy can affect their own physical health. Babies born to teens are at higher risk of having low or very low birth weights and other health problems. These risks are increased by lower rates of early prenatal care for teens. (Please refer to the Maternal and Child Health Chapter for more information on prenatal care). Teen parents and their babies are also at higher risk for negative social consequences. Teen parents complete less education, earn less money, and are more likely to be single parents. Children of teen parents also have poorer educational outcomes, and are more likely to become teen parents themselves. Teens who have more than one pregnancy, and their children, are even more likely to suffer these consequences.

Most teen pregnancies are unintended. The 1997 Youth Risk Behavior Survey (YRBS) indicates that almost half of Maine's high school students say they have had sexual intercourse. Teens are less consistent users of contraceptives than adults and often delay contraceptive use until after they are sexually active, putting them at higher risk of pregnancy.

Sexually Transmitted Diseases in Adolescents

In 1998, adolescents aged 10-19 account for 40% of Chlamydia diagnoses, and another third of the diagnoses are in young adults aged 20-24. Chlamydia is the most prevalent of reported sexual transmitted diseases, and other diseases

Teen parents complete less education, earn less money, and are more likely to be single parents.

such as gonorrhea have an equally high incidence in teens and young adults. Inconsistent use of contraceptives, less stable relationships, and a higher rate of untreated disease put teens at greater risk for these diseases. Consistent condom use for those adolescents who are sexually active has increased in the 1990's, but continues to be an area of concern. Adolescents are targeted for Hepatitis B immunizations, although statewide statistics on adolescent Hepatitis B immunization rates are not available. More information on STD infections and immunizations can be found in the Immunization and Infectious Disease chapter.

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Youth Suicide and Motor Vehicle Injuries

Unintentional injuries and suicide were the two leading causes of death for 15-24 year olds in 1997. Over 80% of the unintentional injury deaths were due to motor vehicle accidents. More information on youth suicide and unintentional injury can be found in the Injury Chapter.

Healthy Maine 2000 Objectives

Objectives Established to Improve the Health of Maine's Teens and Young Adults

Health Status Objective

Reduce the pregnancy rate of 10-14 year olds to 0 per 1,000 females, the pregnancy rate of 15-17 year olds to 30 per 1,000 females, and the pregnancy rate for 18-19 year olds to 80 per 1,000 females.

Maine 1990 Baseline Data:
0.7 for 10-14 Year Olds
37.8 for 15-17 year Olds
100 for 18-19 Year Olds

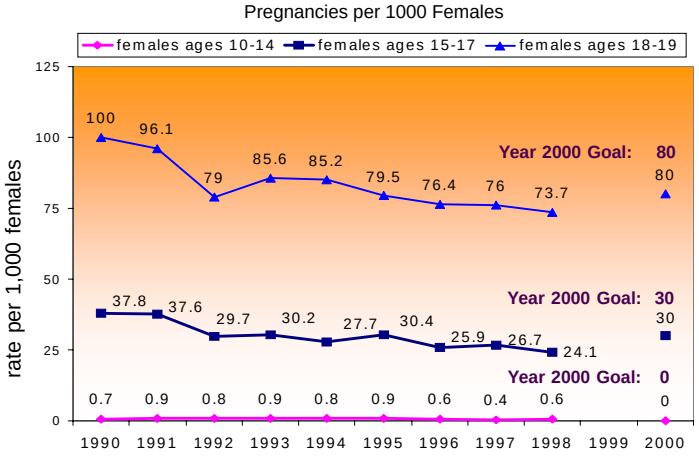
Most Recent Data, 1998:
0.6 for 10-14 Year Olds
24.1 for 15-17 Year Olds
73.7 for 18-19 Year Olds

The pregnancy rate consists of live births, fetal deaths, and abortions to adolescent females. Numbers of pregnancies for 10-14 year-olds in Maine remain low, although they have not reached 0. For both the 15-17 and 18-19 year old age groups Healthy Maine 2000 goals were met mid-decade, and have continued to decrease in the second half of the decade.

Abortion rate: Maine has experienced declines in both the teen birth rates and teen abortion rates, similar to the decline in teen pregnancy rates.

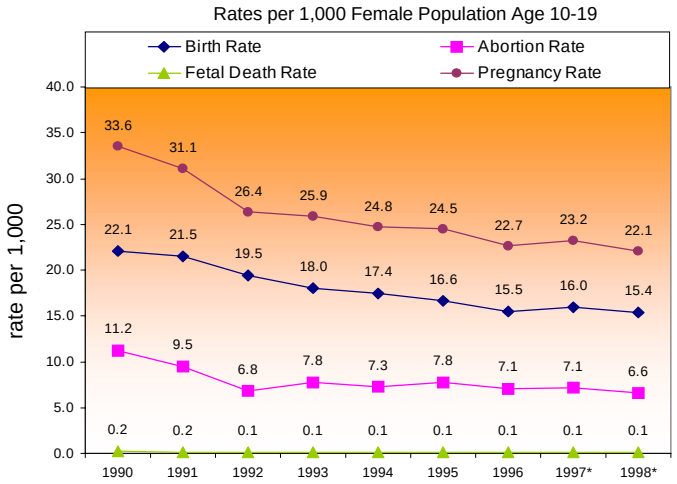
National data on pregnancy is not available due to the inconsistency of reporting across states.

Teen Pregnancies
10-14, 15-17 & 18-19 Year Olds
Maine 1990-1998



Source: Maine Department of Human Services, Bureau of Health, Office of Data, Research and Vital Statistics

Pregnancy Outcomes for Maine Adolescents
Age 10 - 19
Maine 1990-1998



Source: Maine Department of Human Services, Bureau of Health, Office of Data, Research and Vital Statistics

Healthy Maine 2000 Objectives

Objectives Established to Improve the Health of Maine's Teens and Young Adults

Health Status Objective

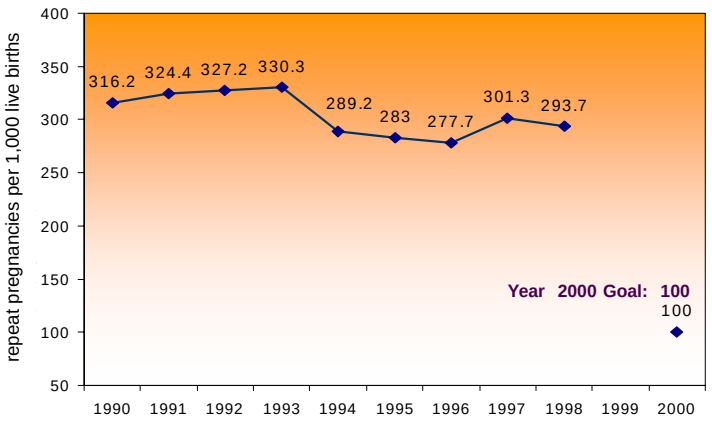
Reduce the rate of repeat pregnancies in adolescents age 10-19 years to 100 per 1000 live births

Maine 1990 Baseline Data: 316.2
Most Recent Data: 1998, 293.7

In 1998, 293.7 per 1000 adolescent females who gave birth reported a prior birth, miscarriage or abortion. This is a decrease from the baseline of 316.2 in 1990, and is a decrease from a peak of 330.3 in 1993.

Please note that these numbers do not capture teens' repeat pregnancies which do not result in a birth.

Maine Repeat Teen Pregnancies
Females Aged 10-19 Years Old
1990-1998
Per 1,000 Live Births



Source: Maine Department of Human Services, Bureau of Health, Office of Data, Research and Vital Statistics

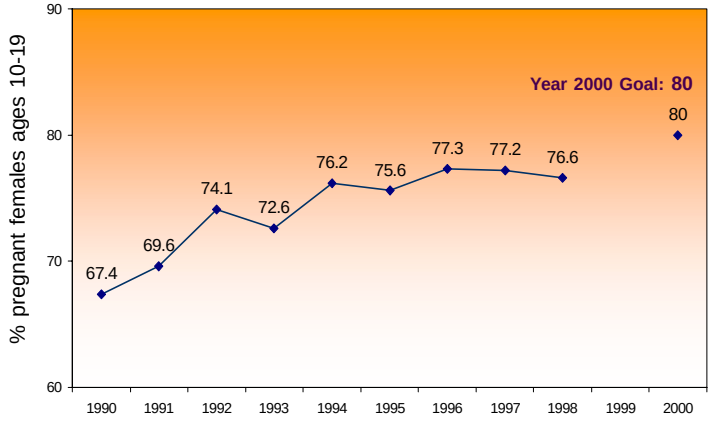
Service and Protection Objective

Increase the percentage of teens receiving prenatal care in the first trimester to 80%

Maine 1990 Baseline Data: 67.4%
Most Recent Data: 1998, 76.6%

Teens face a number of barriers to receiving prenatal care, the most significant of which are later acknowledgment of a pregnancy and lack of transportation. Nevertheless, the 1990's have seen a steady increase of teens seeking early prenatal care from 67.4% in 1990 to 76.6% in 1998.

Maine Pregnant 10-19 Year Olds
Receiving 1st Trimester Prenatal Care
1990-1998



Source: Maine Department of Human Services, Bureau of Health, Office of Data, Research and Vital Statistics

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